

**BYLAWS OF  
THE ETHNIC HEALTH ADVISORY COMMITTEE  
UTAH DEPARTMENT OF HEALTH**

**April 8, 2005**

**1. MISSION STATEMENT**

The mission of the Ethnic Health Advisory Committee (EHAC) is to assist the Utah Department of Health (UDOH) in its efforts to improve the delivery of comprehensive health care services and to improve the health status of the ethnic populations of the state. In order to accomplish this mission, the Ethnic Health Advisory Committee has the following goals:

**Goal 1**        To strengthen the role of the EHAC as the primary ethnic health program advisory group on ethnic health issues.

**Objectives:**

- 1.1      Establish relationships with the UDOH divisions, bureaus, and programs.
- 1.2      Ensure that EHAC is notified by UDOH of policies affecting ethnic health in a timely manner.
- 1.3      Conduct ethnic health impact review on proposed rule changes.
- 1.4      Respond to issues with a formal position statement.
- 1.5      Develop committee structure (Executive committee, subcommittees).

**Goal 2**        To improve the health outcomes of ethnic groups in Utah.

**Objectives:**

- 2.1      Bring ethnic health issues and concerns to the attention of the programs at UDOH.
- 2.2      Provide a cooperative forum for an exchange of ideas, information, and techniques.
- 2.3      Identify the barriers and recommend solutions for the delivery of quality health care to the ethnic groups.

**Goal 3** To stimulate the development of mechanisms for bridging cultural and language barriers.

**Objectives:**

- 3.1 Review implementation of cultural competence and language interpreter standards at the program level within the UDOH and recommend any improvements.
- 3.2 Review program outcomes for compliance with the Department of Health for the CDC 2010 objective “Eliminating barriers for ethnic health populations” and make necessary recommendations.

**Goal 4** Make recommendations to the UDOH on ethnic health issues to eliminate health disparities.

**Objectives:**

- 4.1 Annually receive and review the UDOH Health Status Report.
- 4.2 Develop an annual priority list following a review of a report from UDOH on the previous year’s priority list.
- 4.3 Collaborate with UDOH to produce an Annual Report including data and information provided by UDOH and the ethnic communities’ resources.
- 4.4 Develop and implement process to follow up on all recommendations.

## **2. MEMBERSHIP**

There shall be 17 voting members, three members from each of the five ethnic minority groups and two members at-large appointed by the Executive Director of the Utah Department of Health. (The ethnic minorities are the groups designated in the “Disadvantaged Minority Health Improvement Act of 1990”. The titles used to designate the five minority groups are those used by the U. S. Bureau of the Census). There will be an effort to achieve a geographical balance.

### **2.1 American Indians/Alaska Natives\*\*\***

- a. American Indians
- b. Alaska Natives– Eskimos, American Indian tribes in Alaska, Aleuts

\*\*\*There are 510 federally recognized tribes in the U.S.

### **2.2 Asians**

- |              |                  |
|--------------|------------------|
| a. Chinese   | c. Koreans       |
| b. Filipinos | d. Asian Indians |

- |    |            |    |          |
|----|------------|----|----------|
| e. | Japanese   | i. | Hmong    |
| f. | Vietnamese | j. | Thai     |
| g. | Cambodians | k. | Tibetans |
| h. | Laotians   |    |          |

### 2.3 **Pacific Islanders**

- a. Polynesians – Hawaiians, Samoans, Tongans, Tahitians, Maoris
- b. Micronesians – Guamaians, other Mariana Islanders, Marshall Islanders, Palauans
- c. Melanesians – Fijians primarily

### 2.4 **African American or Blacks**

- a. African Americans
- b. Caribbeans
- c. African immigrants

### 2.5 **Hispanic/Latino**

- |    |               |    |                   |
|----|---------------|----|-------------------|
| a. | Mexicans      | d. | South Americans   |
| b. | Puerto Ricans | e. | Central Americans |
| c. | Cubans        |    |                   |

Ex-officio permanent members will be the Division Director and Local Health Officers (or designees). Executive Directors of community agencies (or designees) may be invited as ex-officio members.

## **3. TERMS OF APPOINTED MEMBERS AND PROCEDURE FOR APPOINTMENT**

Membership on the Ethnic Health Advisory Committee shall be for a minimum of three years with option for automatic three-year reinstatement, up to six consecutive years, as long as the majority of the Committee agrees it is in the best interest of the ethnic communities. Nominations for new members shall be made by current members of the ethnic group that has the vacancy/ies and the full committee shall forward its recommendations to the Executive Director of UDOH, who shall make the appointment at his/her own discretion.

## **4. ORGANIZATION**

### **4.1 Committee Leadership: Chairs and Vice Chairs**

The Committee shall elect a First Vice Chair and a Second Vice Chair from among its appointed membership by the last meeting of the fiscal year every other year for a two year term. New officers take office at the next meeting. Individuals seeking leadership positions must have served on the Ethnic Health Advisory Committee for at least two years. These individuals shall comprise the Executive Committee. The current First Vice Chair will automatically move into the position of Chair after serving a two-year term. Staff to the Committee will be provided by the Department.

### **4.2 Staff Support**

The Division Director shall ensure that the Committee has adequate staff support and shall provide any available information requested by the Committee necessary for its deliberations. Orientation of new members shall be the joint responsibility of the Center for Multicultural Health staff and Executive Committee members.

## **5. DUTIES OF OFFICERS**

### **5.1 The Chair**

The Executive Committee, with the approval of EHAC, will follow up on EHAC recommendations in a timely manner. The Chair shall conduct all meetings of the Committee at which he/she is present, appoint subcommittee members, and coordinate the work of the executive committee and the appointed subcommittees.

### **5.2 The First Vice Chair**

The First Vice Chair shall act as an assistant, perform duties assigned to him/her by the Chair, and possess all the powers and perform all duties of the Chair in the absence of the Chair.

### **5.3 The Second Vice Chair**

The Second Vice Chair shall assist with subcommittees with the assigned tasks and to assure that the tasks are accomplished in a timely and orderly manner, perform duties assigned to him/her by the Chair, possess all the powers and perform all duties of the Chair in the absence of the Chair and First Vice Chair.

## **6. MEETINGS**

### **6.1 Frequency of Meetings**

The Committee shall meet at least quarterly, or more frequently as determined by the Chair. Five members of the Committee may also establish a special meeting.

### **6.2 Attendance at Meeting and Use of Proxies**

Failure of an appointed member, or their proxy, to attend at least 75 percent of the meetings in any year of a member's term or to have two unexcused absences during the fiscal year shall constitute a recommendation to the Executive Director for removal, unless an appeal is instituted within thirty days of notice of removal. Appeals for reinstatement may be made to the Executive Director of the Utah Department of Health. Until a decision on any appeal has been made, the appointed member will continue to serve. If an elected member cannot attend a meeting he/she is responsible to notify the chair and/or staff. member may send a proxy to attend a meeting with a written authorization for the proxy to vote. Under exceptional circumstances, members may participate by teleconference. Fifty one percent of the current voting membership shall constitute a quorum, and a vote of the majority of the members present shall constitute an action of the Committee. The Chair shall vote only if it is necessary to break a tie.

### **6.3 EHAC Recommendations to UDOH**

The Committee shall be empowered to advise UDOH on programs consistent with the mission of the Ethnic Health Advisory Committee. The Committee shall also advise UDOH as requested by the Executive Director. Written recommendations from the Chair shall be transmitted to the Executive Director through the Division Director. The Director shall report at each Committee meeting on actions taken on recommendations from the previous meeting.

#### **6.4 Agenda, Meeting Preparations, and Minutes**

The Center for Multicultural Health staff shall be responsible for the preparation and dissemination of meeting minutes. The Chair shall set the agenda. Staff to the Committee shall ensure that committee members receive a notice and an agenda two weeks prior to each meeting of the Committee.

### **7. SUBCOMMITTEES**

For the purpose of addressing special issues, ad hoc subcommittees may be formed. Subcommittee membership may be drawn from both the EHAC and the ethnic communities and in no case shall a subcommittee be made up of less than 25 percent of appointed Committee members. The subcommittee chair and co-chair will be appointed by the EHAC.

EHAC establishes a subcommittee charged with the responsibility of delivery of health care and linguistic access in a culturally competent manner.

Any amendments to these bylaws require a 2/3 vote of the total membership.

Approved: 11/13/01

Amended: 11/4/02

Amended: 04/08/05